

FEE - \$100.00

(non-refundable)

AUCTIONEER EXAMINATION APPLICATION

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION

Office of Licensing & Registration

BOARD OF LICENSING OF AUCTIONEERS

35 STATE HOUSE STATION AUGUSTA, ME 04333-0035

PHONE (207) 624-8521 FAX (207) 624-8637 HEARING IMPAIRED (207) 624-8563

Email – deborah.a.fales@maine.gov WEB – www.maineprofessionalreg.org

DO NOT WRITE IN THIS BOX.
FOR OFFICE USE ONLY

Pmt _____

Ck No _____

Cash No _____

- **TYPE OR PRINT CLEARLY IN INK**

- **ENCLOSE: \$100 CHECK OR MONEY ORDER PAYABLE TO TREASURER STATE OF MAINE**

This application is a public record for the purposes of the Maine Freedom of Access Law, 1 MRSA §401, et. Seq. Public records must be made available to any person upon request. Your application for licensure is a public record and information that you supply as part of the application (other than your social security number) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Your name, license number, and mailing address listed on your application will be available to the public and may be posted on our website.

APPLICANT INFORMATION (print legibly in ink)

FULL LEGAL NAME: _____
FIRST MIDDLE INITIAL LAST

AGE _____ DATE OF BIRTH: ____/____/____ SOCIAL SECURITY # ____/____/____

SIGNATURE: _____

The following statement is made pursuant to the Privacy Act of 1974, §7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1975 (42 U.S.C. §405(C)(2)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

CONTACT ADDRESS *YOU MUST INDICATE AN ADDRESS IN THIS BOX*

This address is considered public information and will be available to the public and posted on the internet. You must indicate a business address, P O Box or other non-home address in this box if you do not wish to have your home address released to the public.

Street/PO Box _____

CITY _____ COUNTY _____

STATE _____ ZIP (+4) _____ - _____ PH () _____ - _____ EMAIL (Opt.) _____

HOME/LEGAL RESIDENCE PLEASE NOTE: Home Address is considered public information and will be released to the public and posted on the internet if it is the same as the Contact Address you have entered above.)

Street/PO Box _____

CITY _____ COUNTY _____

STATE _____ ZIP (+4) _____ - _____ PH () _____ - _____ EMAIL (Opt.) _____

Using the attached schedule for reference, indicate below the date you wish to sit for the examination.

I wish to sit for the examination on ____/____/____.
MONTH DAY YEAR